

IFW
2/4/06

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/981,328
		Filing Date	October 16, 2001
		First Named Inventor	Jason Lango
		Art Unit	2143
		Examiner Name	Bilgrami, Asghar H.
Total Number of Pages in This Submission	16	Attorney Docket Number	5693P116

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sheryl Sue Holloway, Reg. No. 37,850 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 7, 2006

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Jenny Kim
Signature	
	Date
	August 7, 2006

Based on PTO/SB/21 (09-04) as modified by Bakely, Sokoloff, Taylor & Zafman (wfr) 11/30/2005.
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~~EE~~ **EE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.
TOTAL AMOUNT OF PAYMENT	
(\$)	
0.00	

<i>Complete if Known</i>	
Application Number	09/981,328
Filing Date	October 16, 2001
First Named Inventor	Jason Lango
Examiner Name	Bilgrami, Asghar H.
Art Unit	2143
Attorney Docket No.	5693P116

METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	19	20^*	0×50.00	$\$0.00$
Independent Claims	3	3^*	0×200.00	$\$0.00$
Multiple Dependent				

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

***or number previously paid, if greater. For Reissues, see below.*

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Description

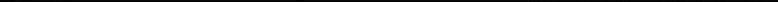
ate filing fee or oath
e provisional filing fee or cover sheet.
specification
eply within first month
eply within second month
eply within third month
eply within fourth month
eply within fifth month
al
support of an appeal
al hearing
stitute a public use proceeding
e Commissioner
under 37 CFR 1.17(q)
Information Disclosure Stmt
ision after final rejection (37 CFR § 1.129(a))
onal invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

Fee Paid

SUBMITTED BY

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Sheryl Sue Holloway	Registration No. (Attorney/Agent)	37,850	Telephone (408) 720-8300
Signature			Date	08/07/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Attorney Docket No.: 5693P116

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application for:

Jason Lango et al.

Serial No.: 09/981,328

Filing Date: 10/16/2001

For: METHODS AND APPARATUS FOR
REDUCING STREAMING MEDIA DATA
TRAFFIC BURSTS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Examiner: Bilgrami, Asghar H.

Group Art Unit: 2143

Certificate of Mailing

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August 7, 2006

(Date of Deposit)

Jenny Kim

(Printed name)

8/7/06

(Signature)

(Date)

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action mailed on May 22, 2006, please consider the remarks below: